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ABSTRACT

The Delaware FIRST Program is designed to meet the needs of handicapped infants and toddlers through trained family day care providers. The program is based on a developmental family systems approach. It strives to provide families with ongoing support by offering mainstreamed family day care or respite care, by developing and/or facilitating an Individualized Family Service Plan to be carried out both in the home and day care setting, and by helping families to utilize resources effectively. Described are recruitment of families and family day care providers, screening and preservice general training of family day care providers, training philosophy, child and family screening and assessment, the Individualized Family Service Plan, matching families and family day care providers, specific training about the child, and inservice training. Program services to day care providers include a toll-free information number, newsletters and information sheets, special equipment, a lending library, a toy lending system, and a home visitor service. Support services to families include home visits, newsletters and information sheets, a lending library, and toys and materials. Attachments include flow charts, a sample newsletter and sample activity plan, and information on mainstreaming, learning language, and the toy lending system. (JDD)

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Delaware FIRST: IMPLEMENTING HANDICAPPED INFANT/TODDLER CURRICULUM THROUGH FAMILIES AND FAMILY DAY CARE PROVIDERS

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Delaware FIRST: IMPLEMENTING HANDICAPPED INFANT/TODDLER

CURRICULUM THROUGH FAMILIES AND FAMILY DAY CARE PROVIDERS

With the passage of P.L. 99-457, Amendments to the Education of the Handicapped Act, states are developing plans to implement services for handicapped infants, toddlers, and their families. These services are likely to take many forms and, increasingly, child care workers will need skills in working with young handicapped infants. The family day care home, where six children or fewer are cared for by a licensed child care provider, lends itself particularly well to meeting the needs of this population. Child care is provided in a homelike, mainstreamed setting often close to the family's home. The Delaware FIRST Program, funded for three years through the Office of Education's Handicapped Children's Early Education Program, now in its second year, is designed to meet the needs of this population through trained family day care providers.

The purpose of this presentation is to share with you an overview of the project, and then to describe more specifically the process of training family day care providers and families in curriculum implementation.

The Delaware FIRST Program is based on a developmental family systems approach. It strives to provide families with ongoing support by offering mainstreamed family day care or respite care for handicapped infants, developing and/or facilitating an Individualized Family Service Plan to be carried out both in the home and day care setting, and by helping families to utilize resources for the growth of all family members. There are three intertwining services provided: services to infants, services to families, and services to family day care providers.

Recruitment of Families and Family Day Care Providers

Family referrals are accepted from diagnostic and social service agencies currently serving families in the state. The handicapped children served are in the age range of birth to three years. Children of all handicapping conditions are considered with preference given to those with more severe handicaps or multiple needs. (Children requiring extensive medical monitoring, skilled nursing care, or intervention that cannot be carried out in the home or FDC setting would not be appropriate candidates for the services Delaware FIRST can offer, however). Priority is also given to families demonstrating the greatest need or those at risk for coping with the child's disability.

Family day care providers are recruited from those currently licensed and from individuals interested in becoming licensed to provide family day care.

Screening and Preservice General Training of Family Day Care Providers (See overhead and handout, page 2)

Family day care providers are screened using the Family Day Care Rating Scale (Harms and Clifford, 1984). Information obtained from this scale is used to determine general and specific training needs of the day care providers.

Interested day care providers are invited to attend a 16-hour preservice general training course offered approximately twice a year. The course consists of four major topics including:

Infant and toddler development: Normal and handicapped
Teaching the handicapped infant and toddler
Communicating with families/Handling stress of parents and caregivers
Utilizing community resources/Professionalism

Prior to and following training, FDC providers are asked to rate their own knowledge and comfort with the various subtopics to be covered in the training sessions. We chose to divide knowledge and comfort in an effort to find out if there were

areas they felt knowledgeable about, but uncomfortable about handling or vice versa. From a recent sample of 20 providers, the group felt most knowledgeable and comfortable with:

Health and Safety

Language Development

Physical Development

Planning Language Activities

Planning Sensory Activities

They felt least knowledgeable and comfortable with:

Professional Development

Using a team approach

Identifying family needs

The effects of a special needs child on the family

Supporting families with a special needs child

Program options for special needs children

Community Resources

Over all on a 5 point scale both their mean pre test knowledge and comfort score was 3.2. The differences in knowledge and comfort was interesting on an individual basis, but in the group data the effects were cancelled out.

Following training, several of the topics which providers were least knowledgeable and comfortable with prior to training, including:

Using a team approach

Identifying family needs

Supporting families with a special needs child

The effects of a special needs child on the family

became the topics they felt most knowledgeable about and comfortable with. This suggests that the training was responsive to trainee needs and in addition to building on more traditional strengths, it also broadened their scope of knowledge. Over all on a 5 point scale both their mean post test knowledge and comfort was 4.1.

Training Philosophy

We have found that teaching adult learners effectively is very different than teaching the typical undergraduate curriculum course. An active learning approach, which utilizes lecture as only one means of teaching, is used for these experienced adult learners (Jones, 1986). Additionally, a variety of teaching methods including discussion in large and small groups (Sakata, 1984) and a make and take workshop are incorporated. The leader does not just lead the group but becomes a participant member in the group as well. (Jones, 1986, p. 25). All group members participate. Even the shy or reluctant participants are encouraged on the basis that they can share some information potentially valuable to the group (Jones, 1986). We include information on what the day care providers want to know such as how to deal with sick child care and what to do about parents who

pick the children up late as well as what we want to teach (Jones, 1986) on adaptive programming. A problem-centered approach is used with many illustrations and examples. Day care providers are encouraged to directly apply what they have learned to their current situation (Harms, Bourland, Lewis, & Cryer, 1985; Sakata, 1984) where this is applicable.

As trust and respect for the learners is a basic precondition which must be present before learning will occurs (Jones, 1986), all comments and answers are accepted and validated and where necessary reframed to be more appropriate. Learners are treated as equals (Harms, Bourland, Lewis, & Cryer, 1985). The day care provider's life experiences are recognized and included as an integral part of the training (Harms, Bourland, Lewis, & Cryer, 1985; Jones, 1986; Sakata, 1984).

Because adult learners want and are capable of self-directed learning (Harms, Bourland, Lewis, & Cryer, 1985) we provide a variety of handouts and follow-up materials to study at home. Our experience is that they are read and the providers come back with questions.

Family day care providers are relatively isolated from each (Blum, 1983; Filstrup, 1982; Schiller, 1980). Building a support network among providers and teaching some basic listening and peer counselling skills is an essential component of training especially for providers caring for infants and toddlers with special needs. We allocate time for the day care providers to

spend getting to know each other to encourage the possibility of developing long-term supportive relationships.

Upon completion of the training course, participants receive a certificate of training and are entered into a pool of potential caregivers for young children with special needs.

A stipend of $50 is paid to day care providers after completing the general training sessions and an additional $25 after completing the specific training.

Again, our experience is that the certificate was an important validation of the learning, and the payment, as a statement of valuing their time and expertise, is an important underpinning in professional development and in setting the stage for future growth and development in the field.

Child and Family Screening and Assessment (See overhead and handout, page 3)

Interested families are visited by an individual trained in Early Childhood Special Education to discuss the program in more detail. If the program seems initially appropriate for the family needs, a more detailed assessment is scheduled. Most child assessments are carried out at a local diagnostic and intervention center with families being reimbursed for mileage to

and from the center. Children are assessed by a transdisciplinary team using the Bayley Scales of Infant Development, the Early Learning Accomplishment Profile, and the Carolina Record of Individual Behavior.

A family needs assessment is also conducted using the Parenting Stress Index, the Family Adaptability and Cohesion Scales III (FACES III), the Family Support Scale, and a Survey of Family Needs Focused Interview Form. These assessments are usually administered in the family's home at a later date. Both parents are required to be present for this session.

Individualized Family Service Plan

Information from the child and family needs assessment is used to develop an Individualized Family Service Plan, or IFSP, for all families served. The Delaware FIRST staff works with the family in developing an IFSP which reflects that family's needs and especially those of the child. The IFSP includes information from current assessments, a statement of family strengths and needs, a specific recommendation for child care based upon family's needs, and goals, objectives and activities to meet the needs of all family members.

Matching Families and Family Day Care Providers (See overhead and handout, page 4)

Following the general training and after the IFSP has been developed, a match is suggested between a potential family and family day care provider. If the match is initially agreeable, a visit is arranged at the family day care home with the parent and child. If both the family and family day care provider agree to the placement, specific training will follow.

Specific Training

The specific training is generally conducted in the family day care home and takes about 6 hours. It is designed to give focused information about the particular age expectations for a specific child, the disability, and the child and family per se. Typically the training is done in either two or three sessions scheduled at the family's and FDC provider's convenience. Some of this training may be independent study. The day care provider may be asked to complete a self-rating on the Family Day Care Rating Scale which will later be discussed with the home visitor, for example, or be asked to view a videotape about the disability.

The family and infant are present for about half of the 6 hour training session. The infant assessment is discussed as well as the Individualized Family Service Plan (IFSP) which includes activities for the child while in care. At least one member of

the Delaware FIRST staff is present for the training; other professionals such as a physical therapist, speech therapist, and so forth may participate during some of the time, as well.

Following the specific training, an infant is placed in a FDC home for a trial period that has been jointly agreed upon. This trail period is part of the transition process. Generally parents elect to place children in care for only a few hours initially. As the parents evaluate the process the amount of care is increased at the parents discretion until the amount of time specified in the IFSP is reached. (Some parents are actually surprised at the amount of care they want when they see the growth in their child and their personal growth.) In most cases, only one handicapped infant is added to the non-handicapped children already in care.

Inservice Training for Family Day Care Providers

Once the infant begins attending a family day care home, the FDC home will be visited every other week by a home visitor or another member of the program staff. These visits will last approximately 1-2 hours and would generally be scheduled during the time the handicapped infant is in care.

Visits are scheduled at varying times of the day so that sometimes the home visitor is present at play time, lunch time,

or perhaps at nap time when the day care provider and the home visitor might have an opportunity to talk more. Home visits on an every-other-week basis continue for the first six months that the infant remains in care. After 6 months, the need for home visits is re-evaluated and is provided as designated on the revised IFSP.

Philosophical base for programming

The decision was made early in the project to assume a "bottoms up" approach to program planning. This was done not because we believe that it is inappropriate to impose a curriculum on providers, but rather, our feeling was that most day care providers had developed a style of working with children that they were comfortable with and to impose a different philosophy might be detrimental to the self concept of the provider. Additionally, as we were adding one child to a mainstreamed setting and other parents had elected this provider based on her way of dealing with children, we decided to use in-service practices that could enhance what the provider was doing well and expand her repertoire of programming skills especially as they relate to matching the curriculum to the individual developmental level of the child in care.

Given this philosophy and our assumptions about the adult

learner, we offer a variety of both formal and informal in-service training opportunities to day care providers. These include:

-Access to project staff through a toll-free number.
-Bi-monthly newsletters and information sheets
-Special equipment
-Lending library
-Toy lending system
-Home visitor

Toll-free number. The project has a toll free number that allows both families and providers to call the project staff with any questions they might have. We ask the day care providers to call in every two weeks so that we can document the number of hours the children were in care for that period of time so that we can pay them. Our experience is that providers like an excuse to call and usually have other questions or concerns as well. This number gives both families and providers access to two levels of project staff: The home visitor who is a toll free call because we chose someone from the local area for this reason, as well as the training and administrative staff.

Bi-monthly newsletters and information sheets are sent to all providers who have completed the general training. Newsletters include suggestions for activities for all the children in care,

recipes, resources available and information on topics of interest (See handouts). Information sheets are generated on topics that day care providers have asked questions about in training such as what to tell parents of the non-handicapped children, how to handle the slow to warm up child, communicating with parents, and so on. Topics are also suggested by the home visitor based on her contact in the home.

These newsletters are especially useful as a contact for day care providers between the time when they have the general training and when a child is placed. It is a way of knowing that we haven't forgotten them.

-Special equipment: Some of the infants in care need special equipment, such as individualized seating. When this is not available through the infant's parents or therapists, the Delaware FIRST Program attempts to provide such equipment.
We have also developed some interesting positioning equipment that is not only appropriate for particular children but has visual and tactual stimulation as well. Patterns for the textured beanbag chair, covered foam blocks, and house are available, if, after borrowing this equipment, the provider wants it permanently.

-Lending library: Books on normal and atypical development, disabilities, and planning activities, audiotapes and videotapes are available for day care providers to borrow to supplement the

knowledge gained in training.

-Toy lending system: A new set of toys dealing with a particular theme is available every other week. The themes are broad and cover such topics as transportation, body concept, the outdoors, farm animals, and foods. The boxes include materials for infant visual, tactile and auditory stimulation. For example, the trunk with "Moving Toys" includes an audio tape with transportation songs, a helicopter rattle, a transportation puzzle with knobs for easy lifting, an airport and airplane, plastic boats and a small tub for water play.

It is expected that these toys, while more specifically geared towards the handicapped infant, may also be enjoyed by other children in care. The home visitor exchanges these traveling toy boxes at each scheduled bi-monthly visit.

Our experience in initially using the Day Care Rating Scale was that many of the homes had very little equipment for the children to play with. We also found that having the toys theme-related, it was easier to begin to help the provider think of other activities that related to the toys and to stimulate new vocabulary. In addition to the toys themselves, each toy box contains an activity booklet with suggested uses for each material. In particular, written information on how to make the use of the toy either easier or more challenging for the child is included. The home visitor also models this process in an attempt to help the provider better match her level of

programming to the child's development. By offering suggestions on how to make an activity easier or harder and suggesting next steps rather than offering a separate lesson plan for each possible activity, it is hoped that providers will begin to problem-solve and generalize this approach beyond the suggestions made in the activity book with the materials included and with other materials in their home when the home visitor is not present.

Support Services to Families

An Early Childhood Special Educator visits twice a month in the family home to observe and play with the child and provide support and guidance. (In cases where day care is not needed or a trained day care provider is not available at the time, home visits are be provided as needed and expressed on the IFSP). Some visits may be scheduled at times when all members of the family would be at home and available to participate, perhaps in the evenings and on weekends. In cases where other agencies are already providing home visits or similar services to a family, visits by the program staff to the family day care home is the primary service.

Like the day care providers, families receive newsletters and information sheets twice a month from the Delaware FIRST Program. Some of these are identical to those sent to the family day care

providers and some of these are developed uniquely for families.

Family members may borrow books and tapes from the program's Lending Library for activities to do with the handicapped child at home, or more detailed information on the child's special needs, for example.

A limited number of toys and materials may be available to borrow from the home visitor and to be returned at her next visit.

Curriculum Implementation with Families

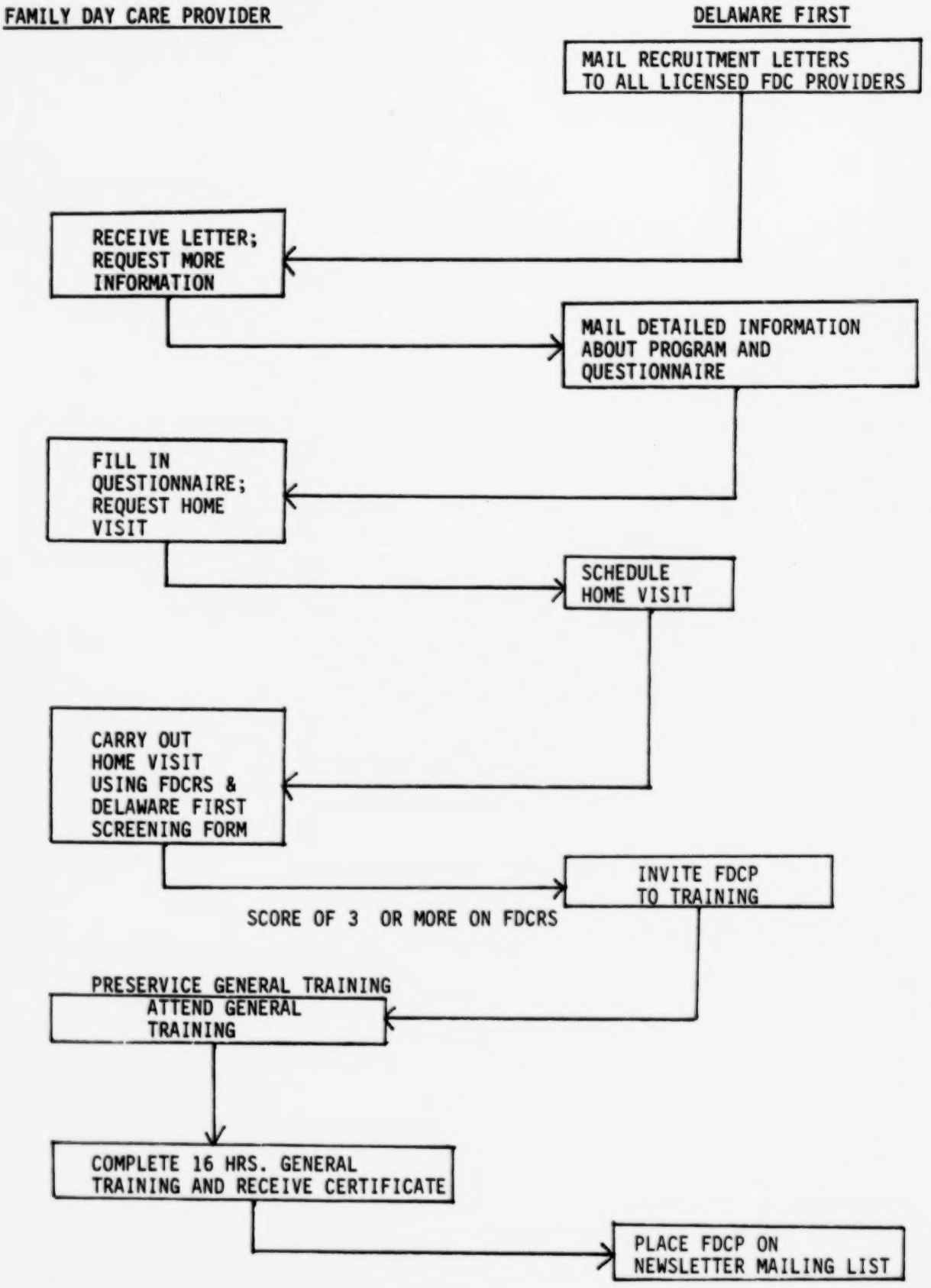
While the toy boxes are not used with families, a similar approach is utilized. The home visitor has one or two toys available for borrowing at her bi-monthly visits and often lets the child make a selection. Families are also provided with written activities to implement with their child in the home. Some are written in the format described above for FDC providers and others are offered in other easier-to-read ways. An attempt is made to suggest activities which utilize materials already available in the homes or which require a minimum of inexpensive materials.

Conclusion

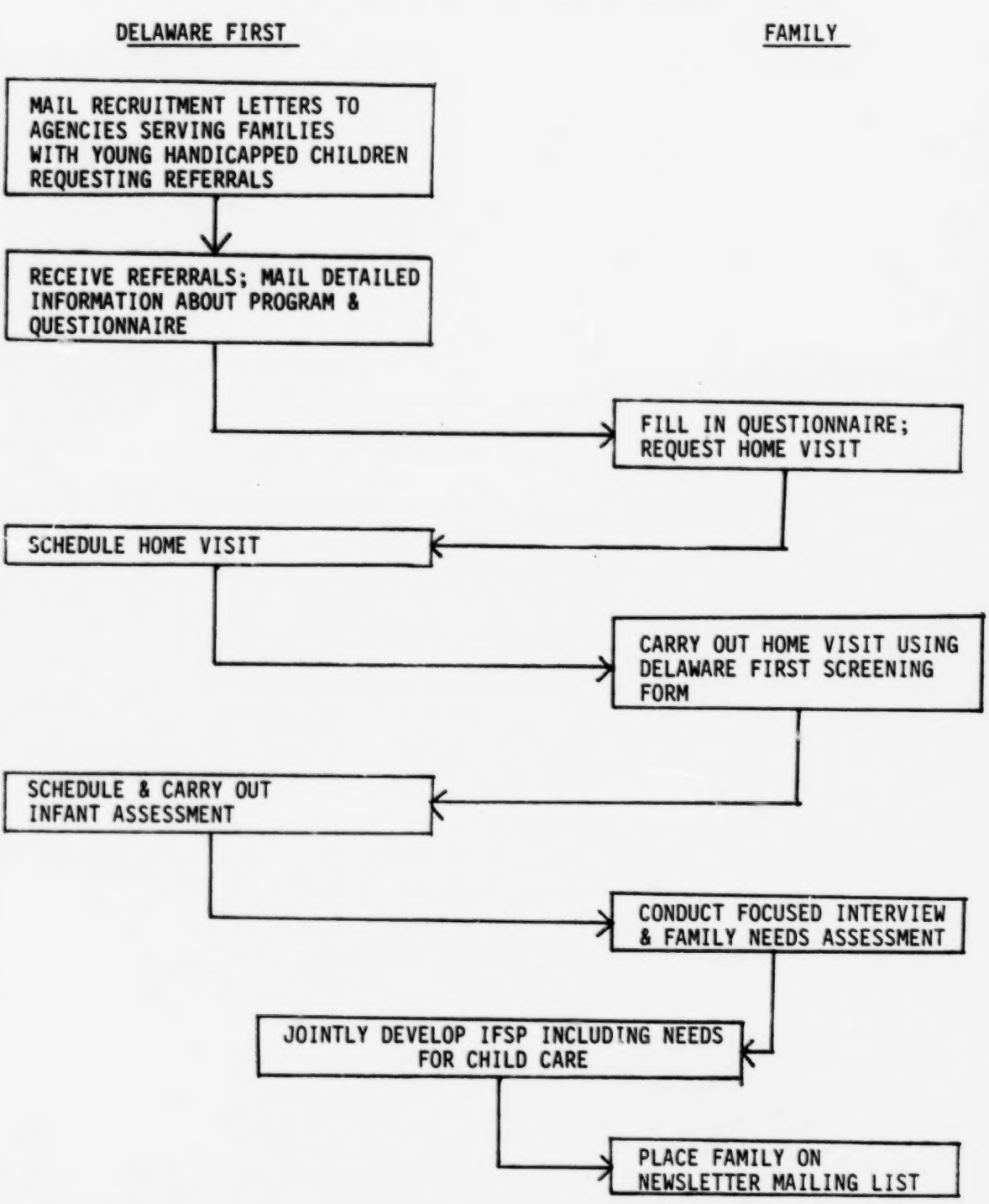
Experiences from this model demonstation project suggest that paraprofessionals can be effectively trained to implement

curriculum for handicapped infants and toddlers in their family day care homes. When paired with curriculum implementation in the child's home, and services to support families in the care and education of their handicapped child, powerful early intervention services are possible.

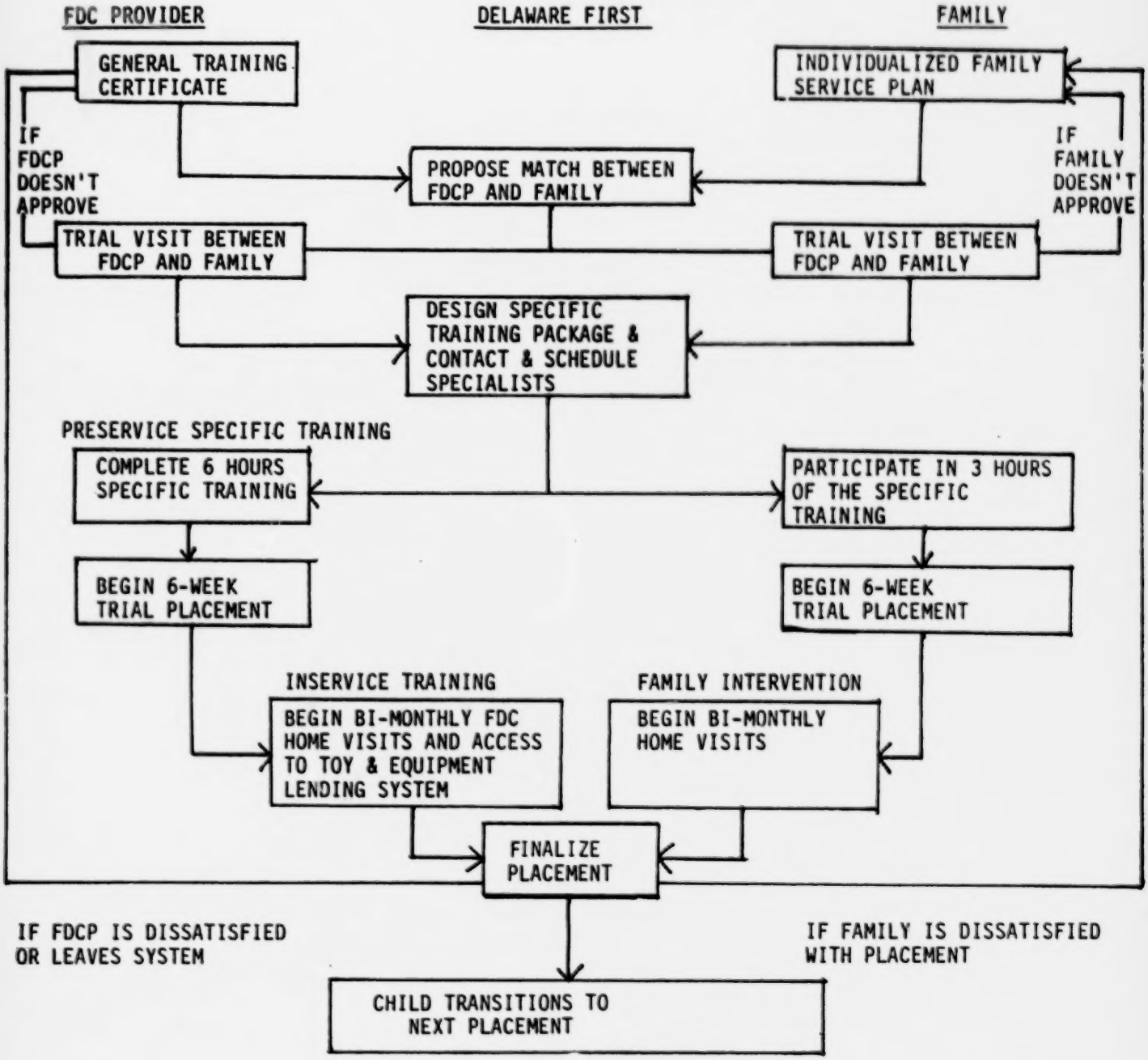
RECRUITMENT & TRAINING OF FAMILY DAY CARE PROVIDERS


FAMILY DAY CARE PROVIDER
DELAWARE FIRST
MAIL RECRUITMENT LETTERS TO ALL LICENSED FDC PROVIDERS
RECEIVE LETTER; REQUEST MORE INFORMATION
MAIL DETAILED INFORMATION ABOUT PROGRAM AND QUESTIONNAIRE
FILL IN QUESTIONNAIRE; REQUEST HOME VISIT
SCHEDULE HOME VISIT
CARRY OUT HOME VISIT USING FDCRS & DELAWARE FIRST SCREENING FORM
INVITE FDCP TO TRAINING
SCORE OF 3 OR MORE ON FDCRS
PRESERVICE GENERAL TRAINING
ATTEND GENERAL TRAINING
COMPLETE 16 HRS. GENERAL TRAINING AND RECEIVE CERTIFICATE
PLACE FDCP ON NEWSLETTER MAILING LIST

RECRUITMENT & SCREENING OF FAMILIES


DELAWARE FIRST
FAMILY
MAIL RECRUITMENT LETTERS TO AGENCIES SERVING FAMILIES WITH YOUNG HANDICAPPED CHILDREN REQUESTING REFERRALS
RECEIVE REFERRALS; MAIL DETAILED INFORMATION ABOUT PROGRAM & QUESTIONNAIRE
FILL IN QUESTIONNAIRE; REQUEST HOME VISIT
SCHEDULE HOME VISIT
CARRY OUT HOME VISIT USING DELAWARE FIRST SCREENING FORM
SCHEDULE & CARRY OUT INFANT ASSESSMENT
CONDUCT FOCUSED INTERVIEW & FAMILY NEEDS ASSESSMENT
JOINTLY DEVELOP IFSP INCLUDING NEEDS FOR CHILD CARE
PLACE FAMILY ON NEWSLETTER MAILING LIST

MATCHING AND INTERVENTION


FDC PROVIDER
DELAWARE FIRST
FAMILY
GENERAL TRAINING CERTIFICATE
INDIVIDUALIZED FAMILY SERVICE PLAN
IF FDCP DOESN'T APPROVE
IF FAMILY DOESN'T APPROVE
PROPOSE MATCH BETWEEN FDCP AND FAMILY
TRIAL VISIT BETWEEN FDCP AND FAMILY
TRIAL VISIT BETWEEN FDCP AND FAMILY
DESIGN SPECIFIC TRAINING PACKAGE & CONTACT & SCHEDULE SPECIALISTS
PRESERVICE SPECIFIC TRAINING
COMPLETE 6 HOURS SPECIFIC TRAINING
PARTICIPATE IN 3 HOURS OF THE SPECIFIC TRAINING
BEGIN 6-WEEK TRIAL PLACEMENT
BEGIN 6-WEEK TRIAL PLACEMENT
INSERVICE TRAINING
FAMILY INTERVENTION
BEGIN BI-MONTHLY FDC HOME VISITS AND ACCESS TO TOY & EQUIPMENT LENDING SYSTEM
BEGIN BI-MONTHLY HOME VISITS
FINALIZE PLACEMENT
IF FDCP IS DISSATISFIED OR LEAVES SYSTEM
IF FAMILY IS DISSATISFIED WITH PLACEMENT
CHILD TRANSITIONS TO NEXT PLACEMENT

Caring News

Newsletter of the
Delaware FIRST Program

Vol. 1, No. 8

Adapting Toys

Many of the toys you currently have in your home or FDC home can be adapted for infants and toddlers with special needs. For example:

- Slightly deflated beach balls are easier than regular rubber balls for young children to find a place to grasp onto.

- For the young child who is not moving around on her own but is interested in looking and/or reaching and grasping, toys can be hung above them. They can be hung from the upright handle of an infant seat, above a changing table, or (if you are really ambitious!), you can attach a pulley to the ceiling and hang toys from a rope. Use of the pulley allows you to easily adjust the height of the toys for various children.

- Toys with several parts (such as simple puzzles) can be adapted by gluing magnetic strips onto the back of each piece. A cookie sheet can be provided on which children can move the pieces.

- If a child has difficulty grasping small handles, such as those on a jack-in-the-box, pop beads can be cut at their opening and pushed over the handle to make the handle easier to hold onto.

These are just a few examples. Please share your ideas with us as well and we will print them in future newsletters so that others can benefit from your creative solutions. For further information, see the following article, available for borrowing through the Delaware FIRST Program:

Langley, M. B. (1985). Selecting, adapting, and applying toys as learning tools for handicapped children. Topics in Early Childhood Special Education, 5:3, 101-118.

Gingerbread Men

Here is a fun recipe for children of many ages. Older preschool and school-aged children may enjoy helping you mix the dough. This dough is pliable enough that it can be used with cookie cutters or children can form their own cookies as they would with playdough. Toddlers will enjoy eating the products and you can playfully talk about how they are eating the cookie's "head", "arms", "legs", etc.

2 cups molasses
3/4 cup butter
4 tablespoons water
1 cup brown sugar
1 teaspoon salt
1 teaspoon baking soda
1 teaspoon cloves
1 teaspoon nutmeg
2 teaspoons cinnamon
2 teaspoons ginger
1 cup powdered milk
6 cups flour

1. Heat molasses until it bubbles. Then pour into a bowl.

2. Add cut-up butter. Stir until melted.

3. Add water, brown sugar, cinnamon, nutmeg, cloves, ginger, salt, baking soda. Stir until dissolved.

4. Add flour to powdered milk. Stir.

5. Roll out or form cookies; cut with gingerbread man cookie cutters.

6. Place on greased cookie sheets. Bake 5 minutes at 350 degrees F. Makes about 4 dozen.

Tips on Mainstreaming:

Integrating Handicapped and Non-handicapped Infants and Toddlers

Most professionals in early childhood special education agree that the best setting for most handicapped infants and toddlers is one which also includes other children without handicaps. This is called "mainstreaming". However, just putting handicapped and non-handicapped children in the same family day care home is not enough. Some specific actions on your part may help all children make the most of the situation. Here are a few hints:

-Children learn respect and caring for others who are different from themselves by watching <u>your</u> interactions with the child. If you show respect and caring for the child, they are likely to also.

-Children also learn about differences by first-hand experience. For example, if the handicapped child in your care wears braces, the other children you care for may want to try on the braces at a time the handicapped child is not using them, under your close supervision. If you are working with a child with a visual impairment, you may consider briefly blindfolding older preschoolers to give them an idea of what it is like to not be able to see (Since younger children generally dislike blindfolds and you want this to be a positive rather than a negative experience, you would probably <u>not</u> want to do this activity with them).

-If other children tease the handicapped child, serve as the child's ally. Stop the teasing and explain that words can hurt people's feelings. Give correct information when appropriate (For example, "No, Donna is not stupid. It just takes her a little longer to learn some things. We all have trouble learning new things sometimes.)" Over time, also encourage the handicapped child to stand up for herself.

-Toys can sometimes be used to encourage play between handicapped and non-handicapped children. Carefully selecting a toy which is large enough for two children to play with or has many parts (such as the Fisher-Price Zoo, Farm, or Airport) may be useful. Toys for pretend play may be helpful. For example, with a small set of dishes, one child can be encouraged to offer another child some "tea".

-Plan times in which the handicapped and non-handicapped children can interact in positive ways.

-Assign older, more able children to help the handicapped child as needed. Make sure, however, that this is not a constant responsibility for the older child and that the older child has lots of chances to play and have fun, too.

-Or, sometimes it works to pair the handicapped child with a younger non-handicapped child who may be at a similar developmental level.

-Children with severe visual impairments learn by touching objects and people, and may therefore be interested in touching other children to gain information about them. Explain to the non-handicapped children in your care that this is how that child learns. Let the non-handicapped children watch your acceptance of the visually impaired child as he touches your face, etc.

Books about Handicaps

The non-handicapped children you care for can learn about children with handicaps through first-hand experience, talking with you, and also through books. Check the public library or your local book store for copies. Someone Special, Just Like You by Tricia Brown (Holt, Rinehart & Winston) depicts handicapped and non-handicapped children together in black-and-white photographs. Rather than focusing mainly on differences, the text talks about the many ways in which handicapped children are like non-handicapped children. This book could be used with preschoolers.

Some other books are recommended for children ages six and above. You can read them with your school-aged children or look at the pictures with your preschoolers and talk about, rather than read, the text.

Howie helps Himself by Joan Fassler: About a child with cerebral palsy.

One Little Girl by Joan Fassler: About a child who is "slow".

He's My Brother by Joe Lasker: About a child with a learning disability.

Anna Joins In by Katrin Arnold: About a child with cystic fibrosis.

Lisa and her Soundless World by Edna Levine: About hearing impairments.

References:

Levine, M. H. & McColoum, J. A. (1983). Peer play and toys: Key factors in mainstreaming infants. Young Children, 38, 22-26.

TOY LENDING SYSTEM

"Me and My Body" Toys

Materials:

Lion Wrist Rattle

"This is Raggedy Ann" Book

Red Mirror Rattle with Face

Red Foot Teether

Large Doll with Sweater, Pants, & Hat

Plastic Baby Bottle

Blue Cloth Doll

Yellow Yarn Ball

Flower Mirror Rattle (blue, yellow, & white)

"Feed the Clown" Game & 6 Baby Food Jar Lids

Cassette Tape

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DELAWARE FIRST PROGRAM
(Family/Income Resource, Supplement and Training)

TOY LENDING SYSTEM

Inside this box you will find toys, materials, and activity ideas for infants and toddlers with special needs ages birth to three. This box is geared around the theme of:

Me and My Body

Having a theme seems to help caregivers decide which words and concepts to focus on with children during a particular period of time. This theme is specifically designed to help children learn and feel good about themselves and their bodies. In approximately 2 weeks, the home visitor will visit again, provide you with another theme-related box of toys and take this one to pass along to another family day care provider.

The attached pages are to give you ideas for ways to use the toys. Not all children will be able to do all of these activities. Indeed, some special needs children may only be able to do some of the very simplest activities with your assistance. Use these activities as a guide only. The home visitor will also offer hints when she comes about using some of these materials with the handicapped infant or toddler in your care. Feel free to be creative and use your own ideas as well. Some of these toys and activities may be useful with the non-handicapped children in your family day care home, too.

While handicapped children are more similar to non-handicapped children than they are different, they still have many unique needs. To address all of these, we would need to write pages and pages! So instead of doing that, the home visitor will offer specific suggestions when she comes to your home. A few things to remember, however, when adapting activities for children with handicaps include:

For children with physical handicaps:

1. Provide toys to look at and listen to.
2. Bring objects to the child which she can't get to herself.
3. Positioning is very important. Therapists and the home visitor will offer guidance. Do ask for help in this area!

For children with mental handicaps:

1. Use lots of repetition.
2. Use short directions.
3. Offer challenging activities in small steps.
4. Use lots of demonstration.
5. Offer lots of praise.

For children with visual impairments:

1. Depending on the degree of visual impairment, high contrast materials (such as black and white combinations) will be easiest to see.
2. Offer stimulation through their other senses: sounds, smells, touch, taste.

For children with hearing impairments:

1. Learn a few gestures for communicating.
2. Offer them stimulation through their other senses: vision, smells, touch and taste.

In addition to using these toys and materials remember that **how** you play with a child is very important. Remember to:

1. **Communicate your liking for the child.** It is important to let the child know that you enjoy just being with him or her.
2. **Be positive.** Appreciate the child's attempts to do things as well as appreciating her completion of a task.
2. **Encourage exploration.** Children need direction but they also need a chance to explore things on their own. Putting safe objects in their mouth under supervision is an important way of learning about things. Some handicapped children may not be able to hold objects themselves and may need your help to explore these.

Before you return these toys to the home visitor, we would request that you:

(a) **Hand wash** any plastic toys which have been placed in a child's mouth with warm water and soap. (Also please wash them after each use.)

(b) **Wash** any cloth toys or books which have been placed in a child's mouth in the washing machine and **dry** in the dryer. Most of these toys have washing instructions attached on a tag.

(c) **Check** to see that all materials have been returned to the box. A list of materials is attached.

ENJOY THESE TOYS AND ACTIVITIES!

SAMPLE ACTIVITY PLAN

Material: Lion Wrist Rattle

Developmental Area(s): Sensory and Cognitive

Purpose: To increase the child's skills in locating sounds, to increase self-awareness and to provide a beginning experience in cause-effect relationships.

How to Use: Shake rattle to get child's attention. Then place rattle on child's wrist using velcro fasteners. Let child experiment on her own.

Easier: Fasten rattle to child's wrist and gently shake her arm to produce a sound. Random movements by the child will make sounds as well.

Harder: Fasten the rattle to the child's ankle. Say, "Look, it's on your foot!" Gently stroke the child's foot and ankle to call attention to the rattle. When the child moves her foot and the rattle shakes, smile and say, "Oooh, I heard that." Then touch the child's foot again and gently shake it to help the child begin to make the connection between the sound and moving her foot. Repeat process later with the rattle on the child's wrist.

Next Steps: Provide rattles and other small, safe toys for reaching and grabbing.

Shake toys outside of the child's line of vision and see if she looks in the direction of the sound.

Continue talking about body parts as you change diapers, feed, etc.

SAMPLE ACTIVITY PLAN

Material: Soft cloth doll

Developmental Area(s): Language and Cognitive

Purpose: To increase skills in imitation and following directions.

How to Use: In a play situation, model playing with a doll. Cradle the doll in your arms. Say to the child, "I'm holding the baby. Can you hold the baby?" Or put a plastic bottle to the doll's mouth and say "I'm feeding the baby. Now you feed the baby."

Easier: Physically assist child in holding and feeding baby after you do it first.

Harder: Give directions without modelling first. For example, say "Kiss the baby"
"Pat the baby's head"
"Touch the baby's toes"

Next Steps: Repeat the above with different dolls to see if the skills have generalized to others. With a larger clothed doll, have the child work on beginning undressing skills. Start with easily removable parts such as a hat. Say, "Take her hat off." After she has mastered undressing, you can move to dressing which is more difficult, particularly with small doll clothes.

LEARNING LANGUAGE

The infant and toddler years are important times for learning language. Even before children begin to say words, they are practicing language as they babble, coo and make other sounds. Imitating an infant's sounds and taking turns making sounds back and forth with the infant are important ways in which infants learn language.

Infants generally understand more than they can say. The way that you speak becomes a model for the infant as he or she learns language. Initially it is important, especially with infants and toddlers with special needs, to speak slowly and use short sentences and some repetition. This makes it easier for the infant or toddler to pick up the meaning in what you are saying. Baby talk is not necessary, however, and it may even be confusing to infants. It is best to model language using words you would eventually like them to say or understand.

While it is often important to use simple words and phrases with handicapped infants and toddlers, it is also helpful for them to hear you use new words from time to time as you talk to them. For this reason a list of words follows which you might use with children as you play with them using these toys. It is not necessary or even, in some cases, helpful to use all the words on this list as you talk with children. For some children, focusing on just one or two new words over several weeks (such as "car" or "ride") may be most appropriate. As with the toy activities, these words are to get you started. You will have to adapt to the individual child you are working with.

Children also learn language through songs and fingerplays, which develop motor and conceptual skills at the same time. This is a pleasant way for adults to interact with children, and we have included some suggestions for familiar songs which you may already know and words to some simple fingerplays. In addition, there are some songs on the audio cassette which you may want to play for the children. Don't worry about children learning the words. Instead you may want to focus on having them imitate actions while you sing or play the cassette.

"Me and My Body" Toys

Vocabulary Words:

eye
nose
mouth
foot
hand
leg
ear
hair
tummy
arm

Finger Plays:

1. Two little feet go tap, tap, tap.
Two little hands go clap, clap, clap.
One little body jumps up from the chair.
Two little arms reach up in the air.

2. Roll them and roll them
and give you hands a clap
Roll them and roll them
and lay them in your lap.

3. I have ten little fingers (show fingers)
And they all belong to me.
I can make them do things.
Would you like to see?
I can shut them up tight (make fists)
Or open them wide (open hands),
I can put them together (put hands together)
Or make them all hide (put behind back).
I can make them jump high (high jumping motion);
I can make them jump low (low jumping motion);
I can fold them up quietly (fold hands),
And hold them just so.